February 25, 2009

Health Workforce Pilot Projects Program
Facility-Based Assessment Form
171—07-200
Los Angeles, California

Elements of Implementation	Regulation Compliance			Factors Considered	Assessment Remarks					
	Met	Not Met	N/A		BRN	MBC	Assoc. of Reproductive Health Professionals	American College of OB-GYN, District IX	Technical Consultants	OSHPD-HWPP
Regulation: (Section 92304) Sponsor Information. Sponsor information shall include, but not be limited to the following: (d) Description of funding sources for the project. (f) Composition of Advisory Group (g) An identification of collaborative arrangements with other educational clinical phase. This would include the availability of support services such as library, equipment, etc.				Funding source documentation. (FY and amount) Advisory Group and meeting outcomes. Contract: Sponsor with participating facility. Sponsor and health care facility relationship. Organizational chart to reflect the working relationship of trainee to supervisor. Contract or MOU with a general acute care hospital for emergency protocols, post procedure admissions.		No Report Received	Not Present	Not Present	Not Present	Sponsor – UCSF provided the overview of the project. No new information.
Regulation: (Section 92312) Modifications. Any modifications or additions to approved project: (a) Change in scope of project (b) Change in selection criteria for trainees, supervisors or employment/utilization sites, project staff or instructors, curriculum, other. (c) Change in project staff or instructors					One trainee indicated that she would have liked to have a CD on the identification of products of conception during the didactic phase.					Preceptor indicated that the clinic has the standard agreements for transfer/referral to hospital. Protocols on the table for review, This site has one Trainee. One other Trainee started the process; due to an accident (wrist injury),

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										had to suspend the training. Will return once healed.
Regulation: (Section 92305), (Section 92311). Trainee Information. Plan to inform trainees of their responsibilities and limitations under the Health Workforce Pilot Project statutes and regulations. (a) Name, work address and telephone number of the trainee. (b) Name, work address of the supervisor. and telephone number and license number				Training agreement. Public Disclosure document regarding availability of trainee information. Listing of trainees and Supervisors per participation site - license information.	This site has 3 preceptors available to do training.					Evaluation Team signed the statement of confidentiality for the review of patient chart summaries and patient survey summaries.
Regulation: (Section 92306). Curriculum. (a) A description of the minimum level of competence the trainee shall achieve before entering the employment/utilization phase of the project. (b) A description of the content required to meet this minimal competency. (c) A description of the methodology utilized in the didactic and clinical phases. (d) A description of the evaluation process used to determine when trainees have achieved the minimum level of competence. (e) An identification in hours and months of the time required to complete the didactic and clinical phases.	x			Curriculum Availability. Descriptions of: Observed Performance Assessment; Procedure Log; Patient Complications Tracking; Trainee Clinical Schedule.	There is an assessment of competency at different phases. Current trainee interviewed has passed competency exercises.					

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Regulation: (Section 92101). Minimum Standards. Each Pilot project shall: (a) Provide for patient safety. (b) Provide qualified instructors to prepare trainees. (e) Demonstrate that the project has sufficient staff to monitor trainee performance and to monitor trainee supervision during the employment/utilization phase. (g) Demonstrate the feasibility of achieving the project objectives.				Clinical protocols including management of emergencies related to callbacks, general acute hospital care admissions and post care. Listing of trainees and Supervisors per participation site - license information.						
Regulation: (Section 92308). Monitoring (a) A description of the provisions for protecting patients' safety. (b) A description of the methodology used by the project director and project staff to provide at least quarterly monitoring of the following: (1) Trainee competency. (2) Supervisor fulfillment of role and responsibilities (3) Employment/utilization site compliance with selection criteria.				Review Chart and quality management reviews Observed performance assessment Procedure log Patient complications tracking Trainee clinical schedule Skills and experience inventory assessment forms. Clinical Satisfaction - Staff surveys (quarterly review).						No chart reviews at this site. Sponsor indicated that there was only one trainee. Thus, we interviewed the preceptor and the trainee. Short visit.

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Regulation: (Section 92309). Informed Consent. The plan used to obtain prior informed consent from patients to be treated by trainees or those legally able to give informed consent for the patients shall be described. It shall include, but not be limited to the following: (a) A description of the content of the informed consent. (1) Explanation of the role and status of the trainee, including the ready availability of the trainee's supervisor for consultation. (2) Assurance that the patient can refuse care from a trainee without penalty for such a request. (3) Identification that consenting to treatment by a trainee does not constitute assumption of risk by the patient. (b) Provision that the content of the informed consent, either written or oral, shall be provided in a language in which the patient is fluent. (c) Documentation in the patient record that informed consent has been obtained prior to providing care to the patient. (d) Provision for obtaining witnesses to informed consent. Written informed consent must be witnessed. Oral informed consent obtained by the trainee shall have a third party document in writing that he/she has witnessed the oral consent. (e) Informed consent need be obtained only for those tasks, services, or functions to be provided as a pilot project trainee.				Informed consent form-signed by patient or patient representative.						The Research Coordinator obtains the informed consent for the APC project.

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Regulation: (Section 92310). Costs. A plan for determining estimated or projected costs shall include, but not be limited to the following: (a) An identification of the average cost of preparing a trainee. This shall include cost information related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs. (b) An identification of the average cost per patient visit for similar care rendered by a current provider of care. (c) An identification of predicted average cost per patient visit for the care rendered by a trainee.				Budget Updates. Pro forma's Cost of training: administrative, didactic and clinical phases.						
Regulation: (Section 92603). Site Visits. Site visits shall include at least the following: (a) Determination that adequate patient safeguards are being utilized. (b) Validation that the project is complying with the approved or amended application. (c) Interviews with project participants and recipients of care (d) An interdisciplinary team composed of representatives of the healing arts boards, professional organizations, and other State regulatory bodies shall be invited to participate in a site visit.				Observed performance assessment. Procedure Log. Patient Complications Tracking. Trainee clinical schedule. Project Safety Committee report.						We interviewed one Preceptor and one Trainee. The Research Coordinator is responsible for data entry. She is currently enrolled in an RN program. The Research Coordinator's role is to obtain the informed consent from patients who desire to participate in the APC program; obtain follow-up from patients that

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										have recovered from procedures. She mails the patients a survey form for their review and completion. She receives a 90-100% response rate for the surveys. They have had no follow-up visits after discharge of patient. Discussion: Normal response rate is 55 - 70% returns. The sites are using an incentive for return of survey forms.